

03500.013021

PATENT APPLICATION

~~Do not~~
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10/21/03
VL

Examiner: V. Le

)
: Group Art Unit: 2613

)

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) August 22, 2003
:

AUG 27 2003

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Official Action dated May 22, 2003, Applicants respectfully request that the following amendments and remarks be entered and considered in the above-identified application.



Corres. and Mail
BOX AF

AF 12613

In re Application of

Docket No. 03500.013021

KATSUMI IJIMA, ET AL.

Application No.: 09/174,461

Examiner: V. Le

Filed: October 19, 1998

Group Art Unit: 2613

For: IMAGE PICKUP APPARATUS

Date: August 22, 2003

MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
AUG 27 2003
Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14	MINUS	24	0	x \$9 \$18	-0-
INDEP. CLAIMS	2	MINUS	5	0	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$___ is enclosed.

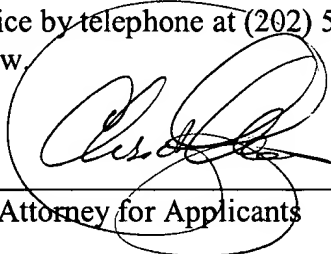
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' attorney, may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicants

Registration No. 32,078

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30 Rockefeller Plaza
New York, New York 10112-3801
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CPW\gmc

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